

INSTRUCTIONS FOR THE FILING OF A PRISONER CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

1. To commence an action in this Court, you must complete the attached form, Prisoner Civil Rights Complaint. When the complaint form is complete, you can submit it to the Clerk's Office for filing. The complaint form must be legibly handwritten or typed .
2. The original complaint form must be submitted to the Clerk for filing. If you want a copy of the form file-stamped and returned, submit an additional copy along with a postage-paid, self-addressed envelope.
3. Your complaint should be brought before this court only if one or more of the named defendants committed the act(s) or is located within this district. The counties comprising the Western District of North Carolina are as set out below by Division:

<b>Asheville Division:</b>	Avery, Buncombe, Burke, Cleveland, Haywood, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania & Yancey counties.
<b>Bryson City Division:</b>	Cherokee, Clay, Graham, Jackson, Macon and Swain counties.
<b>Charlotte Division:</b>	Anson, Gaston, Mecklenburg & Union counties.
<b>Statesville Division:</b>	Alexander, Alleghany, Ashe, Caldwell, Catawba, Iredell, Lincoln, Watauga and Wilkes counties.

4. A separate complaint must be filed for each claim unless the claims are all related to the same incident or issue.
5. You must state the facts which support your claim. These facts should be presented on the complaint form and continued to additional pages only when necessary. The complaint does not need to contain legal argument or citations; it may contain only facts.
6. Filing Fee.
  - a. Filing fee of \$400.00 is due at the filing of the complaint.
  - b. If you are unable to pay the filing fee, the complaint must be accompanied by an "Application To Proceed In District Court Without Prepaying Fees Or Costs" (form attached ).
    - i. The court will review your application, if insufficient funds exist you may be permitted to conditionally proceed in forma pauperis, allowing your action to commence without the prepayment of fees. However, even if you are permitted to conditionally proceed in forma pauperis, you must comply with any further order of the court.
    - ii. Pursuant to the Prisoner Litigation Reform Act (28 U.S.C. §1915), the court must collect an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits in your account or (b) the average monthly balance in your account for the six month period immediately preceding the filing of your complaint. After this initial partial filing fee is paid, you will be required to make monthly payments of 20 percent of the preceding month's income credited to your account. The court will order the agency having custody over you to set aside such amounts and forward payments from your account to the Clerk of Court each time the amount set aside in your account exceeds \$10.00 until the filing fee is paid. The courts will order the agency having custody over you to send to the Clerk of Court a copy of your trust account statement for the last six months from your present and prior units of incarceration.
7. The complaint, filing fee or the application to proceed without prepayment of fee along with any other documents pertaining to the civil action should be sent to the Clerk of Court for the Western District of North Carolina at one of the following addresses:

Asheville Division	Charlotte Division	Statesville Division
100 Otis St., Rm. 309	401 W. Trade St., Rm. 210	200 W. Broad St.
Asheville NC 28801	Charlotte NC 28202	Statesville NC 28677
8. Notification of Change of Address: If your address changes, you must immediately notify this court in writing, failure to do so could result in dismissal of your action without notice to you.

PRISONER CIVIL RIGHTS ACT COMPLAINT FORM  
42 U.S.C. §1983  
UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA

\_\_\_\_\_  
(Enter above full name of Plaintiff/only  
One plaintiff permitted per complaint.)

v.

Case No. \_\_\_\_\_

\_\_\_\_\_  
(Enter above full name of defendant or defendants.)

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No ( )

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit describe the additional lawsuits on an additional sheet of paper, using the same outline.

1. Parties to previous lawsuits:

Plaintiffs:

\_\_\_\_\_  
\_\_\_\_\_

Defendants:

\_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

3. Docket number: \_\_\_\_\_

4. Name of presiding judge: \_\_\_\_\_

5. Disposition (for example, was the dismissed? Appealed? Is it still pending?)

\_\_\_\_\_

6. Approximate date of case filing: \_\_\_\_\_

II. PREVIOUS IN FORMA PAUPERIS LAWSUITS

- A. While incarcerated or detained in any facility, have you filed a lawsuit in any federal court in which you were allowed to proceed in forma pauperis (without prepayment of fees)?

Yes ( ) No ( )

1. Name the court and docket number for each:

\_\_\_\_\_  
\_\_\_\_\_

- B. Were any of these cases dismissed under 28 U.S.C. §1915(d) on the grounds that they were frivolous, malicious, or failed to state a claim upon which relief may be granted?

Yes ( ) No ( )

1. If yes, how many?

\_\_\_\_\_

2. Name the court and docket number for each action:

\_\_\_\_\_  
\_\_\_\_\_

III. EXHAUSTION OF INMATE ADMINISTRATIVE REMEDIES

- A. Did you present the facts of each claim relating to your complaint to the Inmate Grievance Commission or any other available administrative remedy procedure?

Yes ( ) No ( )

- B. If your answer is Yes:

1. When did you file your grievance?

\_\_\_\_\_

2. What was your grievance?

\_\_\_\_\_  
\_\_\_\_\_

3. Did you appeal any adverse decision to the highest level possible in the administrative procedure? Yes ( ) No ( )

If yes, when was the decision and what was the result?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. If your answer to A is no, identify the claim(s) and explain why not:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. PARTIES

A. Plaintiff's Name:

Address/Place of Confinement: \_\_\_\_\_

B. Defendant(s)

Name of Defendant 1: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Current Address: \_\_\_\_\_

Additional Defendant(s) provide name, position, place of employment, and current address for each.

Defendant 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant 3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant 4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue on separate sheet if necessary.)

V. STATEMENT OF CLAIM

State here as briefly as possible the FACTS in your case. Do this by describing how each defendant named in Section IV B. above is personally involved in depriving you of your rights. All relevant times, dates, and places should be included. YOU MAY, BUT NEED NOT, GIVE LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. You may only combine claims involving events that relate to all defendants. Number and set forth each separate claim in a separate paragraph. Unrelated claims involving separate events must be set out in a separate complaint. (Attach additional sheets if necessary.)

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Lined area for text entry, consisting of multiple horizontal lines.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Prison ID #: \_\_\_\_\_